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PTO/SB/21 (08-00)

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| Application Number     | 09/155,590       |  |  |
|------------------------|------------------|--|--|
| Filing Date            | 30 SEPT 1998     |  |  |
| First Named Inventor   | Jeffrey Schlom   |  |  |
| Group Art Unit         | 1642             |  |  |
| Examiner Name          | Karen A. Canella |  |  |
| Attorney Docket Number | 38163-0061       |  |  |

| Examiner Name Karen A. Canella  Total Number of Pages in This Submission Attorney Docket Number    Satis3-0061   | (to be used for all correspondence after initial filing)  |  | Group Art Unit           | 1642                                  |                         |  |  |  |  |  |
|--|---|--|--------------------------|---------------------------------------|-------------------------|--|--|--|--|--|
| ENCLOSURES (check all that apply)    Fee Transmittal Form  | 97  |  | Examiner Name            | Karen A. Canella                      |                         |  |  |  |  |  |
| Fee Transmittal Form   | Total Number of Pages in This Submission  |  | Attorney Docket Number   | 38163-0061                            |                         |  |  |  |  |  |
| Fee Transmittal Form   |   |  |                          |                                       |                         |  |  |  |  |  |
| Fee Transmittal Form   | ENCLOSURES (check all that apply)   |  |                          |                                       |                         |  |  |  |  |  |
| Fee Attached   | ☐ Fee Transmittal Form  |  |                          |                                       |                         |  |  |  |  |  |
| After Final  | Fee Attached  |  | Drawing(s)               |                                       |                         |  |  |  |  |  |
| Affidavits/declaration(s)  Petition to Convert to a Provisional Application  Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request Request Provisional Application  Terminal Disclaimer Request for Refund CD, Number of CD(s) Remarks  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Firm or Individual name  Signature  Signature  Signature  CERTIFICATE OF MAILING  I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:  Typed or printed name   | Amendment / Response  |  | Licensing-related Papers |                                       |                         |  |  |  |  |  |
| Affidavits/declaration(s)  Affidavits/declaration(s)  Provisional Application  Affidavits/declaration(s)  Affidavits/declaration(s)  Provisional Application  Affidavits/declaration(s)  Affidavits/declaration(s)  Affidavits/declaration(s)  Provisional Application  Affidavits/declaration(s)  Affidavits/declaration(s)  Provisional Application  Affidavits/declaration(s)  Certified Copy of Priority below):  Request for Refund  CD, Number of CD(s)  Remarks  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Firm  Or  Individual name  Signature  Signature  Affidavits/declaration(s)  Affidavits/declaration(s)  Affidavits/declaration(s)  Affidavits/declaration(s)  Affidavits/declaration(s)  Affidavits/declaration(s)  Affidavits/declaration(s)  Affidavity below):  Affi | After Final   |  | Petition                 |                                       | Proprietary Information |  |  |  |  |  |
| Extension of Time Request  Change of Correspondence Address  Terminal Disclaimer  Request for Refund  Information Disclosure Statement  Certified Copy of Priority Document(s)  Response to Missing Parts/ Incomplete Application  Response to Missing Parts under 37 CFR 1.52 or 1.53  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Firm or Individual name  Signature  Signature  Signature  Signature  Signature  Signature  CERTIFICATE OF MAILING  I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:  Typed or printed name   | Affidavits/declaration(s)   |  | , <del></del>            |                                       | Status Letter           |  |  |  |  |  |
| Express Abandonment Request  Request for Refund  Information Disclosure Statement  CD, Number of CD(s)  Remarks  Remarks  Response to Missing Parts/ Incomplete Application  Response to Missing Parts under 37 CFR 1.52 or 1.53  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Firm or Individual name  Signature  Signature  Signature  Signature  CERTIFICATE OF MAILING  I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:  Typed or printed name   | Extension of Time Request   |  |                          |                                       |                         |  |  |  |  |  |
| Request for Refund   CD, Number of CD(s)   |   |  | Termin                   | al Disclaimer                         |                         |  |  |  |  |  |
| Certified Copy of Priority Document(s)  Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Firm or Individual name Shawnmarie Mayrand-Chung, Ph.D., Reg. No. 48,986  Signature  Date  IO 29   04  CERTIFICATE OF MAILING  I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:  Typed or printed name  | Express Abandonment Request   |  | Reque                    | st for Refund                         |                         |  |  |  |  |  |
| Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Firm Or Individual name Signature Signature Signature  CERTIFICATE OF MAILING  I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:  Typed or printed name  | ☐ Information Disclosure Statement ☐ CD, N  |  |                          | umber of CD(s)                        |                         |  |  |  |  |  |
| Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Firm or Individual name Signature Signature  Signature  CERTIFICATE OF MAILING  I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:  Typed or printed name  |   |  |                          | Remarks                               |                         |  |  |  |  |  |
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| Typed or printed name  | I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope |  |                          |                                       |                         |  |  |  |  |  |
|  | addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:  |  |                          |                                       |                         |  |  |  |  |  |
| Signature Date   | Typed or printed name   |  |                          |                                       |                         |  |  |  |  |  |
|  |   |  |                          |                                       |                         |  |  |  |  |  |



New Attorney Docket No.: 38163-0061 (Previously 2026-4230US1)

In re patent application of:

Schlom et al.

Confirmation No.: 8846

Serial No.: 09/155, 590

Art Unit: 1642

Filed: September 30, 1998

Examiner: Karen A. Canella

For: TARGETED COMBINATION IMMUNOTHERAPY OF CANCER AND

**INFECTIOUS DISEASES** 

## Amendment and Reply Under 37 C.F.R. § 1.111

Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

Sir:

This is a Response to the Office Action mailed July 29, 2004 for the above-captioned application. The Commissioner is authorized to charge any additional fees that may be due for filing this response, or credit any overpayment, to Deposit Account No. 08-1641.

Please amend the application as set forth below.